

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN5303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/06/2012
NAME OF PROVIDER OR SUPPLIER  LOUDON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 GROVE ST BOX 190 LOUDON, TN 37774		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.  This Rule is not met as evidenced by. Based on observation and interview, the facility failed to arrange clean linen storage.  The findings include  Observation and interview on July 31, 2012 at 11:00 a.m. confirmed clean linen carts were permanently being stored in alcoves that are in front of central baths and janitor's closet doors.  The finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 31, 2012	N 831	N 831 1200-8-6-.08 (1)  1. The facility will continue to maintain the condition of the physical plant and the overall nursing home environment for the overall safety of the residents. The linen carts are put on wheels to move about the facility as needed. It will not obstruct the entrance into any room or the fire lanes. 2. All linen carts are mobile and able to be moved at any time. 3. Daily walk through by the ED or designee to assure compliance is established. 4. The ED will report to the Quality Assurance Committee (DNS, ADNS, SDC, RD, Social Services, Activities, Maintenance, and the Medical Director) monthly to identify any concerns.  8/31/12	08/31/12
N1410	1200-8-6- 14(2)(a)5.(ii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans  (a) Physical Facility (Internal Situations).  5 Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and	N1410	N 1410 1200-8-6-.14  1 The facility will conduct an earthquake drill annually to assure the safety for all residents and staff along.	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TZRQ21

TITLE

*Ey. Director*

DATE

*8/17/12*

If continuation sheet 1 of 2

Division of Health Care Facilities

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N1410	Continued From page 1  community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.  (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:  (I) Staff duties by department and job assignment; and,  (II) Evacuation procedures.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill  The findings include:  Record review and interview on July 31, 2012 at 10:00 a.m. confirmed that the facility failed to exercise their annual earthquake drill.  The finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 31, 2012.	N1410	2 An annual earthquake drill will take place with all other drills to assure compliance and safety for the facility. 3 Earthquake drills have been added to our annual disaster drills and will be part of our preventive maintenance program. 4 The Maintenance director or designee will report to the Quality Assurance Committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities and Medical Director) annually for review to ensure compliance is achieved.  8/31/12	